

VERMONT DEPARTMENT OF LIQUOR CONTROL
13 GREEN MOUNTAIN DRIVE
MONTPELIER, VERMONT 05602
Phone (802) 828-2339 Fax (802) 828-1031
Email: ~~DLC~~-enf.lic@state.vt.us

Application for Permit to Purchase Alcohol

Name of Institution/Business: _____

Address: _____

Email Address: _____

Quantity of Alcohol required: _____

Purposes for which this alcohol is to be used: _____

Where is this alcohol to be used: _____

Estimated period of time in which this alcohol will be used: _____

Do you desire to purchase this alcohol direct from the manufacturer, distiller or wholesaler? _____

If so, give name and address of manufacturer, distiller or wholesaler from whom you desire to purchase same from: _____

I hereby expressly promise and agree that no part of this alcohol will be used for beverage purposes nor with anything for beverage purposes nor for any illegal purpose.

Dated at _____ in the County of _____ and State of Vermont, this
_____ day of _____ 20____.

Authorized Agent: _____

For Department Use only

Approved by: _____ Date: _____

This permit to accompany the shipment to its destination and to be endorsed by the consignee upon delivery of merchandise. The consignee shall then return the permit to the Vermont Department of Liquor Control for cancellation.

Consignee: _____ Date: _____